



Section 8 Offices
23B Glade Street, West Haven, CT 06516
Tel: (203) 934-9266
Fax: (203) 937-0306
TTD/TTY 1-800-545-1833 X 901
Section 8 Inspection office
Tel: (203) 691-8444

Equal Opportunity Housing

BOARD OF COMMISSIONERS

Rosemarie Paine, Chairwoman
John R. O'Connor, Vice-Chairman
Wayne A. Orio, Treasurer
Harold Burns
Jasmin Nugent

John P. Counter
Executive Director

TO ALL POTENTIAL LANDLORDS AND TENANTS:

SAVIN ROCK COMMUNITIES WILL NO LONGER PROCESS INCOMPLETE REQUESTS FOR TENANCY APPROVAL. ALL PAPERWORK MUST BE COMPLETED AND ALL REQUESTED FORMS MUST BE ATTACHED (IE, PROOF TAXES ARE CURRENT, PROOF OF OWNERSHIP, ETC). THE PAPERWORK MUST BE COMPLETED FOR EACH REQUEST SUBMITTED REGARDLESS OF THE NUMBER OF EXISTING SECTION 8 TENANTS YOU CURRENTLY HAVE.

ALL MOVE INS FOR EXISTING TENANTS MOVING FROM ONE UNIT IN WEST HAVEN TO ANOTHER WILL NEED TO MOVE IN BY THE FIRST OF THE MONTH.

WE WILL NOT DO MID MONTH MOVE INS FOR EXITING TENANTS. NEW TENANTS ON THE PROGRAM AS WELL AS PORT-INS FROM OTHER TOWNS MAY BE ABLE TO MOVE IN AT ANY TIME WITHIN THE MONTH.

NAMES, ADDRESSES AND SIGNATURES OF TENANTS AND LANDLORDS MUST BE COMPLETED ON PAGE 2 OF THE REQUEST.

COMPLETED REQUESTS MUST BE RECEIVED BY THIS OFFICE NO LATER THAN THE 22ND OF THE MONTH IN ORDER FOR A POSSIBLE 1ST OF THE MONTH MOVE IN. ANY REQUESTS RECEIVED AFTER THE 22ND WILL BE PROCESSED THE FOLLOWING MONTH,

Address of unit: _____

1. Square footage of unit: _____ sq ft

2. Type of heating system **CIRCLE TYPE OF HEATING SYSTEM**

Baseboard, boiler, central, furnace, heat pump, none, other, radiator,
space heater, window /wall

3. Amenities – **CIRCLE ALL THAT APPLY**

Indoor

Cable included

Ceiling fans

Dryer

Washer

w/d hook ups

onsite laundry

Parking

1 car garage

2 car garage

1 covered space

2 covered space

None

Unknown

1 assigned space

Number of bathrooms: Full bath # _____ ½ bath # _____

Kitchen

dishwasher

Garbage Disposal

Microwave

Refrigerator

Stove

new appliances

Maintenance

lawn care

Pest Control

trash

Outdoor

Balcony

Pool

Other

gated community

security cameras

on site management

4. Are any utilities included in the rent? Y or N

**** Proof of ownership & proof of paid up to date taxes attached**

**** Please make sure entire RFTA is complete – PLEASE REVIEW ALL PAGES**

**** Incomplete RFTA's WILL NOT be processed**

Request for Tenancy Approval

Housing Choice Voucher Program

**U.S Department of Housing and
Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Savin Rock Communities 23 B Glade ST WH CT 06516			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances
 The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

12. Owner's Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

SUBMIT WITH PROOF OF OWNERSHIP

UTILITIES MUST BE ON FOR INSPECTIONS

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards
Target Housing Rentals and Leases**

Lead Warning Statement: Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____
- Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

_____ (b) Records and reports available to the lessor (check one below):

- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

_____ (c) Lessee has received copies of all information listed above.

_____ (d) Lessee has received the pamphlet, *Protect Your Family From Lead in Your Home*.

Agent's Acknowledgment (initial)

_____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

SAVIN ROCK COMMUNITIES
SECTION 8 LANDLORD CERTIFICATION OF RESPONSIBILITY

1. I certify that I am the legal or the legally designated agent for the above referenced unit, and that the tenant has no ownership in this dwelling unit.
2. I understand that I must comply with equal opportunity requirements.
3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.
4. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants.
6. I understand that the family members listed on the Housing Assistance Payments Contract (form HUD-52641) are the only individuals permitted to reside in the unit. I understand that SAVIN ROCK COMMUNITIES and I must grant prior written approval for other persons to be added to the household. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
7. I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B and C. I understand that it is imperative that I fully understand the terms and conditions of the lease, Tenancy Addendum (form HUD-52641-A), and the HAP Contract.
8. I understand that I must submit to the tenant for their consideration and the SAVIN ROCK COMMUNITIES for their review, any new lease or lease revision a minimum of forty-five (45) days in advance of the effective date of the lease or lease revision.
9. I understand that I must provide SAVIN ROCK COMMUNITIES with a written request for any rent increase a minimum of forty-five (45) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.
10. I understand that the tenant's portion of the contract rent is determined by SAVIN ROCK COMMUNITIES and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by SAVIN ROCK COMMUNITIES.
11. I understand that I may not lease a unit to my family members, including all occupants, who are related to me in any of the following ways: parent, child, grandparent, grandchild, sister or brother. I understand that the SAVIN ROCK COMMUNITIES may grant prior written approval if the rental unit will provide reasonable accommodations for a family member who is a person with disabilities.
12. I understand that I may not assign the HAP Contract to a new owner without the prior written consent of SAVIN ROCK COMMUNITIES.
13. I understand my obligations in compliance with the HAP Contract to perform necessary maintenance so that the unit continues to comply with Housing Quality Standards.

14. I understand that should the assisted unit become vacant, I am responsible for notifying SAVIN ROCK COMMUNITIES immediately, verbally and in writing. I also understand that the HAP Contract and payment will terminate immediately.
15. I understand that I should attempt to resolve disputes between the tenant and me and contact SAVIN ROCK COMMUNITIES, in writing only in serious disputes that we are unable to resolve.
16. I understand that I must promptly give SAVIN ROCK COMMUNITIES a copy of any owner-eviction notice to the tenant and to comply with all State and local eviction procedures.
17. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in SAVIN ROCK COMMUNITIES housing programs.
18. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law.

_____ Signature
of Owner/Agent Date _____

_____ Date _____
Signature of Co-Owner/Agent

Home Phone # _____ Email Address _____

Cell Phone # _____ Business Phone# _____

WARNING: Title 18 US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

Re Statement #11:

_____ I am not renting to a relative.

_____ I am renting to a relative.

Relationship to owner _____

Reason _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.
Requester's name and address (optional)
6 City, state, and ZIP code
7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		
		-			
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		
		-			

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

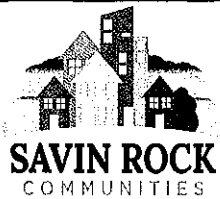
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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TO: Property owners seeking to enter into a Section 8 Housing Assistance Payment contract with Savin Rock Communities.

In accordance with Savin Rock Communities policy enacted April 9, 2002, this verification of tax status must be completed by the Office of the Tax Collector of the City of West Haven and submitted with your Request for Tenancy Approval form. To enter into a Section 8 contract with Savin Rock Communities all taxes must be current with the City of West Haven.

To obtain verification:

Mail this form along with a self-addressed stamped envelope to:
 Office of the Tax Collector
 City of West Haven
 355 Main St.
 West Haven CT 06516

Or Bring this form to the Office of the Tax Collector, City Hall, First Floor, and 355 Main St.

ALL FORMS SUBMITTED TO THE HOUSING AUTHORITY MUST BE ORIGINAL AND BEAR THE TAX COLLECTOR'S STAMP. NO FAXES ACCEPTED.

PLEASE PRINT

LANDLORD NAME: _____
 MAILING ADDRESS: _____
 PROPERTY ADDRESS: _____

PROPERTY LIST#: _____
 (List number may be obtained at Assessors Office)

TAX STATUS VERIFICATION
Tax Collector's Office use only

Paid Current: Yes _____; No _____

Signature: _____ Date: _____
Tax Collector

Statement Attached

(stamp)